



## INSTRUCTIONS FOR COMPLETING THE ECONOMIC STIMULUS FUNDING NSLP EQUIPMENT GRANT GRANT APPLICATION (DPI-0001)

Download the application to your personal computer. Fill out the application electronically, print a copy and have it signed by the appropriate staff members. **Applications are due Monday, May 11, 2009.** Applications **RECEIVED** after that date **MAY NOT** be considered for funding.

I. GENERAL INFORMATION		
BOX	DIRECTIVE	INSTRUCTIONS
1	<b>Local Educational Agency (LEA) / Agency Name</b>	Name of the public district, private school or residential child care institution
	<b>Mailing Address</b> <i>Street, City, State, Zip</i>	Mailing address of school food authority
	<b>Agency Code</b>	LEA agency code can be found on the NSLP contract with DPI.
2	<b>Food Service Director or Equivalent</b>	List the first and last name of the LEA food service director. If there is not a food service director, please list the first and last name of the person who is equivalent to a food service director (head cook, dining services director, etc.)
	<b>Title</b>	Name the appropriate title: food service director, head cook, dining services director, etc.
	<b>CESA No.</b>	Cooperative Educational Service Agency (CESA) your district is located in. If unsure please refer to: <a href="http://dpi.wi.gov/lbstat/geogpg.html">http://dpi.wi.gov/lbstat/geogpg.html</a>
	<b>E-Mail Address</b>	E-mail address of food service director or equivalent
	<b>Fax Area/No.</b>	Fax area code and number of food service director or equivalent
	<b>Telephone Area/No.</b>	Telephone area code and number of food service director or equivalent
3	<b>Grant Contact</b> <i>If other than Food Service Director</i>	If an individual, other than the food service director or equivalent, will be the grant coordinator/main contact for grant communication, please list their first and last name.
	<b>Title</b>	Name the appropriate title (ex. Teacher, nurse, principal, assistant cook, etc.)
	<b>E-Mail Address</b>	E-mail address of grant contact
	<b>Fax Area/No.</b>	Fax area code and number of grant contact
	<b>Telephone Area/No.</b>	Telephone area code and number of grant contact
	<b>Grant Contact's Mailing Address</b>	Mailing address of grant contact (may be different than mailing address of School Food Authority)
4	<b>Total Funds Requested</b>	After completing Section IX. Budget Summary, page 10, enter amount from the last box under Projected Total Cost into this space.

<b>5</b>	<b>Purchase(s) will be made within three (3) months of award notification</b>	USDA is requesting that funds be fully expended within three (3) months of the award. If you do not anticipate being able to purchase requested equipment within the three (3) month timeframe, you may want to consider different equipment as applications confirming the purchase of equipment within three (3) months will be given priority.
<b>6</b>	<b>LEA's Capitalization Threshold</b>	Enter the amount your LEA uses for its capitalization threshold. A 'capitalization threshold' is defined as the dollar value at which an agency differentiates between items that are supplies <b>versus</b> equipment. Therefore, some smaller equipment may be considered to be a supply because of its value. Each local school board may designate a specific dollar amount for equipment to capitalize. This is the dollar value at which your school/district considers a piece of equipment an asset in their financial statements.
<b>7</b>	<b>Congressional District</b>	Select from list provided. If unsure on your congressional district please refer to the map at: <a href="http://www.legis.state.wi.us/ltsb/redistricting/districts.htm">http://www.legis.state.wi.us/ltsb/redistricting/districts.htm</a>

## II. CERTIFICATION/SIGNATURES

This section must be signed and dated by the District or School Administrator and Food Service Director or Equivalent. Signatures certify that those who have signed this application are in agreement of all information contained within the entire application.

## III. ASSURANCES

Please read this entire section.

IV. ELIGIBLE SCHOOLS For which Participation Grant is Requested	
<b>School/Building Name</b>	Include for each building requesting equipment: <ol style="list-style-type: none"> <li>1. School name</li> <li>2. Address</li> <li>3. Contact person's name</li> <li>4. Contact person's email address</li> </ol> <b>Important:</b> Complete application by individual school building or centralized kitchen/site. If completing application for centralized kitchen, list all schools serviced by the site on its own section IV page. Additional pages, Eligible Schools – Supplement (page 3-a) can be downloaded from: <a href="http://www.dpi.wi.gov/fns/recovery.html">www.dpi.wi.gov/fns/recovery.html</a>
<b>As of 10/08 Building Enrollment</b>	Enter information requested. If you need assistance finding this data refer to: Public schools: <a href="http://www.dpi.wi.gov/fns/xls/allschoolsdata2009.xls">http://www.dpi.wi.gov/fns/xls/allschoolsdata2009.xls</a> Private schools: <a href="http://www.dpi.wi.gov/fns/xls/enrollpartoct2008.xls">http://www.dpi.wi.gov/fns/xls/enrollpartoct2008.xls</a>
<b>As of 10/08 Number of Children Approved for Free Meals</b>	Enter information requested. May refer to above mentioned spreadsheet as needed.
<b>As of 10/08 Number of Children Approved for Reduced Price Meals</b>	Enter information requested. May refer to above mentioned spreadsheet as needed.
<b>Percent Free/Reduce Price Meals</b>	Enter information requested. You may not round up. Example: 49.8% would be entered as 49%
<b>Programs Offered – Check all that apply</b>	Check the boxes for the programs you presently offer.
<b>Food Preparation Method – Check all that Apply</b>	Check the method the school utilizes for preparation of school meals. (FSMC = Food Service Management Company)
<b>School Location – Check one</b>	Check the box which best describes the community in which the school is located

V. CERTIFICATION COVERING DEBARMENT	
Please read this entire section. Must be submitted.	
<b>LEA/Agency/Company Name</b>	Name of the public district, private school or residential child care institution
<b>Name and Title of Authorized Representative</b>	First and last name and title of person listed on online contract. May be district administrator, food service director, business director, etc.
<b>Signature and Date Signed</b>	Signature of Authorized Representative and date signed.

**VI. PARTICIPATION AGREEMENT**

Please read this entire section. There are parts of this section that will need to be filled in:

This agreement is between the Wisconsin Department of Public Instruction and (name of LEA) and covers the period from 6/08/2009 to 9/08/2009.

A. 3. The LEA agrees to provide funds to the approved school(s), namely (list name(s) of school(s) applying) If you are completing the application by hand you may write names of schools at the bottom of the page.

**VII. SIGNATURES**

<b>State Agency</b>	Please leave this column blank. It will be completed by DPI Representative
<b>Local Educational Agency</b>	Signature of Authorized Representative
<b>Title</b>	Title of person signing as Authorized Representative
<b>Date Signed</b>	Date Document is Signed

**VIII. NARRATIVE**

Below are detailed instructions for each portion of this section.

**A. Focus Area**

<b>Name/Type of Equipment</b>
Enter the name of <b>one</b> piece of equipment requested <b>per</b> row. <b>Important:</b> List equipment in the order of priority for your LEA. When determining which pieces of equipment to request make sure that equipment is valued at/or above your LEA's capitalization threshold. Items like school lunch trays, knives, and utensils will not be approved as these are unlikely to be above this amount. Equipment must be primarily used for the NSLP. Grant funds may be used to purchase a vending machine only if it distributes reimbursable meals. Equipment must meet all applicable regulations and codes.
<b>Focus Area(s)</b>
Select one or more of the focus areas that this equipment will assist with.  <b>Improved Food Quality:</b> Equipment that lends itself to improving the quality of school foodservice meals that meet the dietary guidelines. (e.g., purchasing an equipment alternative to a deep fryer)  <b>Increase Locally Grown Fresh Fruits and Vegetables:</b> Equipment that enables Wisconsin schools to use locally grown fresh fruits and vegetables. (e.g., additional refrigeration units, two-compartment produce washing sinks, serving line equipment/salad bars, mechanical potato peelers, mechanical vegetable slicer/choppers, etc.)  <b>Food Safety:</b> Equipment that improves the safety of food served in the school meal programs. (e.g. cold/hot holding equipment, dish washing equipment, refrigeration, milk coolers, freezers, blast chillers, etc.)

**Energy Efficiency:** Equipment that improves the overall energy efficiency of the school foodservice operations (e.g. purchase of an energy-efficient walk in freezer replacing an outdated, energy-demanding freezer)

**Expanded Participation:** Equipment that allows schools to support expanded participation in a school meal program. (e.g., equipment for serving meals in a non-traditional setting or to better utilize cafeteria space)

**Narrative Explanation** – Narrative section will expand to allow you to fully answer these questions. If you are unable to complete application electronically you may attach explanation on separate sheet of paper.

Justify your selection for this grant by providing:

- Background data.
- Information to show your degree of need.
- How would this equipment have a positive impact on your program?
- If you currently have a similar piece of equipment, how many does your school currently have?
- Do you have funds to contribute to the cost of the equipment if total cost of equipment exceeds grant awarded?
- For repair of equipment:
  - Report the cost of maintenance and repair over the past year for present equipment.
  - Provide estimate of cost of repairs vs. purchase of new equipment.
  - Are parts available to repair old equipment?
- For replacement equipment:
  - Report the cost of maintenance and repair over the past year for present equipment.
  - Provide estimate of what cost would be for repairs vs. purchase of new equipment.
  - Are parts available to repair old equipment?
  - Will old equipment be moved to another school?
  - If known at this time, include cost of removal of old piece of equipment.

**Important:** See itemized list below for additional information that should be included for each focus area.

**Improved Food Quality:**

- Will school create area of additional emphasis?( i.e. fresh fruit and vegetables, less fried foods, etc.)
- What foods will no longer be served?
- What new foods will be served?
- What menu changes will be made?

**Increase Locally Grown Fresh Fruits and Vegetables:**

- What new locally grown fruits and/or vegetables will now be served? Please tell planned frequency on menu.
- Estimate time saved because of equipment use.
- Will any additional menu changes be made?

**Food Safety:**

- Are there any Sanitation Inspection orders to update or replace equipment?
- Age of equipment being replaced?
- Does the building's current electrical and plumbing systems support requested equipment?
- Does requested equipment have computerized alarm systems, or temperature control auto

recording? <ul style="list-style-type: none"> <li>• What national certification does equipment have?</li> </ul> <b>Energy Efficiency:</b> <ul style="list-style-type: none"> <li>• What is the energy rating on new equipment vs. the old equipment being replaced?</li> </ul> <b>Expanded Participation:</b> <ul style="list-style-type: none"> <li>• How will this equipment increase NSLP daily participation? Estimate average daily participation increase.</li> <li>• Can equipment be used for other child nutrition programs? Estimate participation effect on these programs.</li> </ul>
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## B. Infrastructure Improvement

<b>Name/Type of Equipment</b>	Enter the name of <b>one</b> piece of equipment requested <b>per</b> row.
<b>New or Replacement</b>	Check in the appropriate box signifying whether this is a piece of equipment that school has never had or if it is replacing a present piece of equipment. If it is a replacement, please fill in the age of the present piece of equipment.
<b>Equipment American Made</b>	Check the appropriate box signifying whether the piece of equipment requested is American made or not.
<b>If Equipment is Purchased, Estimate the Number of Jobs subsequently</b> <ul style="list-style-type: none"> <li>• <b>Created</b></li> <li>• <b>Retained</b></li> </ul>	Enter the estimated number of school positions that will need to be created/ added or those that will be retained/ kept with the purchase of the new equipment. If none, enter zero. <b>Created</b> Example: Salad bar unit is purchased and will create one-half Full Time Equivalent (FTE) position to prepare, stock and clean up unit. <b>Retained</b> Example: One FTE was scheduled for planned layoff due to decreased participation; however purchase of equipment will improve quality of food and anticipate increased participation.
<b>Narrative Explanation</b> - Narrative section will expand to allow you to fully answer these questions. If you are unable to complete application electronically you may attach explanation on separate sheet of paper.	
Describe specifically how each piece of equipment will: <ul style="list-style-type: none"> <li>• Improve program infrastructure – How will basic facilities, equipment, services and installations needed for the growth and functioning of the food service improve? (Example: The timeliness of the school meals will improve when we replace the oven with a combi oven as the oven will pre-heat consistently and menu items may be batch heated between service times due to quicker cooking time.)</li> </ul>	

- Stimulate the economy – How will money be spent/exchanged that would not have been without this grant? (Example: When new food slicer/chopper is purchased, produce will be procured from local farmer, stimulating local economy. Equipment is made in America which will in turn stimulate U.S. economy.)

### C. Communication

<b>Narrative Explanation</b>
It is the department's intent to have as much visibility of funding as possible. How will your LEA communicate the receipt of this equipment grant to parents and/or your community at large? List methods of intended communication. (Examples: school newsletter, local newspaper article, presentation at parent/teacher meetings, kitchen tours for students, staff and/or community members etc.)

IX. BUDGET SUMMARY	
<b>Local Educational Agency (LEA)</b>	Name of the public district, private school or residential child care institution
<b>Project Number (<i>For DPI Use Only</i>)</b>	Leave this box blank
<b>Grant Period</b>	Already filled in Beginning: 06/08/2009 Ending: 09/08/2009
<b>Date Submitted – Initial Request</b>	Enter date grant application is being submitted. Leave revision and final claim areas blank at this time.

<b>Complete with Initial Application</b> Listing individual pieces of equipment in the same order you did in Section VIII A. by prioritizing them in the order of 'one (1)' being the most beneficial to your school. If you need more rows to list equipment, use Budget Summary Form DPI-0001-Budget Summary – Supplemental (page 10-a.) Then enter the total projected cost from the bottom of the supplemental page to the labeled row on the Budget Summary. Download this supplemental form from: <a href="http://www.dpi.wi.gov/fns/recovery.html">www.dpi.wi.gov/fns/recovery.html</a>	
<b>School/Building Name</b>	The name of the school where the equipment will be used. If this is a centralized site, only list the name of the location where it will be housed.
<b>Piece of Equipment</b>	List each piece of equipment specifically by name. If you know which make and model number you are requesting please include this. <b>Include any bids you may have received on equipment thus far in application packet.</b>
<b>Cost</b>	Enter estimated cost of piece of equipment including all associated expenses, i.e. delivery charges, installation etc. If a repair, enter estimated expense of total parts, labor, etc.
<b>Quantity</b>	If you are requesting more than one of the same pieces of equipment, enter number of pieces requested.
<b>Projected Total Cost</b>	This box will be filled in automatically for you when you complete the cost and quantity cells.
<b>DPI Award – Completed by DPI</b>	This column will be completed by DPI.

<b>Complete and Submit with Final Claim</b> <ul style="list-style-type: none"> <li>• <b>Actual Cost</b></li> </ul>	Leave column blank at this time. Column will be filled in and a copy of this sheet will be resubmitted (with copies of paid invoices) with your final claim.
<ul style="list-style-type: none"> <li>• <b>Difference</b></li> </ul>	Column will fill in by itself when you enter your original cost and quantity. It will recalculate when you put your actual cost in when completing this column for your final claim.
<b>Enter Total Projected Cost from Supplemental Form If applicable</b>	This is the row that if you needed more rows to list equipment and you used the Budget Summary Form DPI-0001-Budget Summary – Supplemental form, you would fill in the total off that page here.
<b>Signatures</b>	Leave these three rows blank they are for DPI representative signatures at time of award, when and if a revision is requested and at final claim.
<p>Once signed, submit the original application and three (3) copies to:</p> <p style="text-align: center;">             Wisconsin Department of Public Instruction              ATTN: Julie A. Cox, RD, CD              School Nutrition Team              P.O. Box 7841              Madison, WI 53707-7841           </p>	